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## PART B - FEE(S) TRANSMITTAL

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**P.O. Box 1450**  
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**INSTRUCTIONS:** This form should be used for transmitting the **ISSUE FEE** and **PUBLICATION FEE** (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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26633 7590 05/07/2006

**HELLER EHRMAN WHITE & MCAULIFFE LLP**  
**1717 RHODE ISLAND AVE, NW**  
**WASHINGTON, DC 20036-3001**

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01 FC:2501 700.00 OP  
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Certificate of Mailing or Transmittal  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop-**ISSUE FEE** address above, or being electronic transmitted to the USPTO (571) 273-2885, on the date indicated below.

Juka Intai (Depositor's name)  
*Juka Intai* (Signature)  
December 4, 2006 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/986,344	11/08/2001	Peter K. Law	37794-0092	5167

TITLE OF INVENTION: MYOBLAST TRANSFER THERAPY FOR RELIEVING PAIN AND FOR TREATING BEHAVIORAL AND PERCEPTIVE ABNORMALITIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	12/07/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
PRIEBE, SCOTT DAVID	1633	424-093210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Marvin A. Molsenbocker

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

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☒ Publication Fee (No small entity discount permitted)  
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5. Change in Entity Status (from status indicated above):

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature: Marvin A. Molsenbocker

Date: December 4, 2006

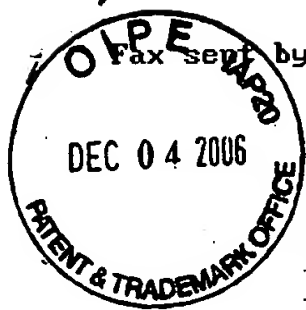
Typed or printed name: Marvin A. Molsenbocker

Registration No: 36814

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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# Fax

To: U.S. Patent and Trademark Office

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Date:

December 4, 2006

Re: Attorney Docket: 37794-0032

cc:

• **Comments:**

## ATTN: MAIL STOP ISSUE FEE

Applicant:  
Application No.:  
Filing Date:  
Title:

Peter K. Law  
09/986,344  
November 8, 2001  
MYOBLAST TRANSFER THERAPY FOR RELIEVING PAIN AND FOR  
TREATING BEHAVIORAL AND PERCEPTIVE ABNORMALITIES

Atty Docket No.: 37794-0032

Attached:

1. Fee Transmittal - 1 page
2. Form PTO-2038 - Credit Card Payment Form - 1 page

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